



New England High Intensity Drug Trafficking Area

Course Enrollment Registration Form

(Please fill out completely!)

Course Name:	Pharmaceutical Drug Investigations	Date(s)	<u>July 12, 2011</u>
Location:	NEHIDTA Training Room , 13 Branch St., Suite 9, Methuen, MA 01844		

First Name	Arrest Authority:	Social Security #- last 4 digits only
<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>
Last Name		
M.I.		email <input type="text"/>

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. (If none , type none)
<input type="text"/>	<input type="text"/>

Job Mailing Address-(Spell out)	Phone Number
Agency <input type="text"/>	<input type="text"/>
Address <input type="text"/>	FAX Number <input type="text"/>
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/> Other Number <input type="text"/>

Does your Agency participate in a HIDTA Initiative?		Parent Agency is: <input type="text"/>
<input type="radio"/> Yes	Initiative Name <input type="text"/>	

Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title: <input type="text"/>	Title: <input type="text"/>
Agency and Address: <input type="text"/>	Telephone: <input type="text"/>

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.